UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION
ACCIDENT INVESTIGATION REPORT

1. OCCURRED
DATE: 07-AUG-2007 TIME: 1930 HOURS

2. OPERATOR: Chevron U.S.A. Inc.
   REPRESENTATIVE: Dicky Methern
   TELEPHONE: (504) 592-7856
   CONTRACTOR: Nabors Drilling Inc.
   REPRESENTATIVE: Mark A. Smith
   TELEPHONE: (504) 362-8033

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:

4. LEASE: G12119
   AREA: VK LATITUDE:
   BLOCK: 786 LONGITUDE:

5. PLATFORM: A-Petronius CT
   RIG NAME:

6. ACTIVITY: EXPLORATION (POE) X DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
   HISTORIC INJURY
   REQUIRED EVACUATION 1
   LTA (1-3 days)
   LTA (>3 days)
   RW/JT (1-3 days)
   RW/JT (>3 days)
   Other Injury 1 First-Aid
   FATALITY
   POLLUTION
   FIRE
   EXPLOSION
   LWC
   HISTORIC BLOWOUT
   UNDERGROUND
   SURFACE
   DEVERTER
   SURFACE EQUIPMENT FAILURE OR PROCEDURES
   COLLISION

8. CAUSE:
   EQUIPMENT FAILURE
   HUMAN ERROR
   EXTERNAL DAMAGE
   SLIP/TRIP/FALL
   WEATHER RELATED
   LEAK
   UPSET H2O TREATING
   OVERBOARD DRILLING FLUID
   OTHER

9. WATER DEPTH: 1854 FT.

10. DISTANCE FROM SHORE: 96 MI.

11. WIND DIRECTION: N
    SPEED: 12 M.P.H.

12. CURRENT DIRECTION: W
    SPEED: 10 M.P.H.

13. SEA STATE: 4 FT.
17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On August 8, 2007, onboard the Nabors 87 Drilling Rig, located at ChevronTexaco's OCS-G 12119, Visoca Knoll (VK) 786 A-Petronius CT Platform, a contract employee was injured when the 2 7/8" tubing fell approximately 43 inches striking the employee in the back. Injured Person (IP) was evacuated for evaluation and was released to full duty on August 8, 2007.


Sequence of Events:

The Driller started POOH with 2 7/8" tubing and breaking down single joints at rotary table, when the Assistant Driller entered the Driller's shack to ask a question about crossovers. The Driller turned to the Assistant Driller removing his hand from the brake handle and applied pressure with his foot on the lower bar. As the Driller returned his attention to the rotary table he noticed the block had slacked off causing the tubing to be jammed inside the top drive and stuck inside the elevator. After several unsuccessful attempts to free the bent tubing from the elevator by the floor hands, the Driller instructed the floor hands to clear the area. At this time, the tubing was to be broken out at the rotary. IP went to remove the mouse hole cover in front of the rotary when the tubing broke and struck the IP in the back.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

Driller's attention to the operation was interrupted when the Assistant driller entered the driller shack to ask a question.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

a. Improper communication with the floor hands and ensuring that all floor personnel was well clear of rotary table area.
b. Unknown reasoning why the block slacked off and allowed the joint to be jammed and stuck between the elevator and the top drive.

20. LIST THE ADDITIONAL INFORMATION:
21. PROPERTY DAMAGED: 
One joint of 2 2/8" tubing

NATURE OF DAMAGE: 
Bent

ESTIMATED AMOUNT (TOTAL): $504

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
The New Orleans District has no recommendations to MMS

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:
Lessee failed to perform operation in a safe workman like manner, resulting in an injury to personnel on the rig floor. The Company was issued a Incident of Non-compliance (INC) G-110

a. DOES THE LESSEE PERFORM ALL OPERATIONS IN A SAFE AND WORKMANLIKE MANNER AND PROVIDE FOR THE PRESERVATION AND CONSERVATION OF PROPERTY AND THE ENVIRONMENT?
Authority: 107(a) Enforcement Action: W/C/S 401(e)

25. DATE OF ONSITE INVESTIGATION: 
07-AUG-2007

26. ONSITE TEAM MEMBERS: 
Darryl P. Williams /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR: 
Troy Trosclair

APPROVED
DATE: 19-OCT-2007
### INJURY/FATALITY/WITNESS ATTACHMENT

<table>
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<th>Operator Representative</th>
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INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE ☐ INJURY
☒ CONTRACTOR REPRESENTATIVE ☐ FATALITY
☐ OTHER _______________________ ☒ WITNESS

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

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